

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470

email: ethics@hawaiiethics.org Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FORM STATE OF HAWAII (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
WACKER	RICHARD	F	
MAILING ADDRESS (Street)			FAX
P.O. BOX 730			EMAIL
(City)	(State)		(Zip Code)
HONOLULU	HI		96808-0730
EMPLOYING ORGANIZATION (Fill in only	f you are employed by a business ent	ity which has been retained to lobby)	TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)		(Zip Code)

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
AMERICAN SAVINGS BA			
MAILING ADDRESS (Street) P.O. BOX 2300		FAX	
		EMAIL	
(City)	(State)	(Zip Code)	
HONOLULU	н	96804-2300	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
A.J. Halagao		543-5889	
MAILING ADDRESS (Street)		FAX	
P.O. Box 730		EMAIL ajhalagao@hei.com	
(City)	(State)	(Zip Code)	
Honolulu	н	96808-0730	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
Agriculture	Education	Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation			
Consumer Protection & Commerce	☐ Hawaiian Affairs	🗹 Labor & Employment	☐ Transportation			
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	Housing	☐ Public Safety & Corrections				
PART IV CERTIFICATION	OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
Per Vacan 1111/13			lil ₁ 3			
(Signature of Lobbyist)			(Date)			
PART V AUTHORIZATIO	N TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Chet A. Richardson	Corporate Secretary					
NAME OF ORGANIZATION (if applicable)			TELEPHONE			
American Savings Bank, F.S.B.						
MAILING ADDRESS (Street)			AX			
P.O. Box 2300		E	EMAIL			
(City)	(State)		(Zip Code)			
Honolulu	HI		96804-2300			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
(Signature of Authorizing Officer or Person Represented)			(Date)			

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